



TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texans Helping Businesses & Protecting Communities

OFF-PREMISE PREQUALIFICATION PACKET

L-OFF (12/2019)

Submit this packet to the proper governmental entities to obtain certification for the type of license/permit for which you are applying as required by Sections 11.37, 11.39, 11.46(b), 61.37, 61.38, 61.42 and Rule §33.13

All statutory and rule references mentioned in this application refer to and can be found in the Texas Alcoholic Beverage Code or Rules located on our website. www.tabc.texas.gov/laws/code_and_rules.asp

LOCATION INFORMATION

1. Application for: <input type="checkbox"/> Original			
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Reinstatement and Change of Trade Name	License/Permit Number _____	
<input type="checkbox"/> Change of Location	<input type="checkbox"/> Change of Location and Trade Name	License/Permit Number _____	
2. Type of Off-Premise License/Permit			
<input type="checkbox"/> BQ Wine and Beer Retailer's Off-Premise Permit	<input type="checkbox"/> LP Local Distributor's Permit		
<input type="checkbox"/> BF Beer Retail Dealer's Off-Premise License	<input type="checkbox"/> E Local Cartage Permit		
<input type="checkbox"/> P Package Store Permit	<input type="checkbox"/> ET Local Cartage Transfer Permit		
<input type="checkbox"/> Q Wine Only Package Store Permit	<input type="checkbox"/> PS Package Store Tasting Permit		
3. Indicate Primary Business at this Location			
<input type="checkbox"/> Grocery/Market	<input type="checkbox"/> Convenience Store without Gas		
<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Miscellaneous _____		
<input type="checkbox"/> Convenience Store with Gas			
4. Trade Name of Location (Name of store, business, etc.)			
5. Location Address			
City		County	State Zip Code
6. Mailing Address		City	State Zip Code
7. Business Phone No.	Alternate Phone No.	E-mail Address	

OWNER INFORMATION

8. Type of Owner		
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> City/County/University
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other _____
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Joint Venture	
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Trust	
9. Owner of Business /Applicant (Name of Corporation, LLC, etc.)		

PRIMARY CONTACT PERSON

The primary contact person should be a person who can answer questions TABC may have about the application. The contact **phone and email are mandatory and must be active and updated regularly**. If additional information is needed, it will be requested from this contact person. **Delays in responding to requests may delay the processing and approval of your permit/license.**

10. Contact Person:	Relation to Business:
Phone (mandatory):	Email (mandatory):

TABC DATESTAMP

11. Is the applicant, a veteran-owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Is the applicant, a Historically Underutilized Business (HUB)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. As indicated on the chart, enter the individuals that pertain to your business type: (For additional space, use Form L-OIC)			
Individual/Individual Owner		Limited Liability Company/All Officers or Managers	
Partnership/All Partners		Joint Venture/Venturers	
Limited Partnership/All General Partners		Trust/Trustee(s)	
Corporation/All Officers		City, County, University/Official	
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title

MEASUREMENT INFORMATION

Section 109.31 et. seq.

14. Will your business be located within 300 feet of a church or public hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NOTE: For churches or public hospitals measure from front door to front door, along the property lines of the street fronts and in a direct line across intersections.	
15. Will your business be located within 300 feet of any private/public school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NOTE: For private/public schools measure in a direct line from the nearest property line of the school to the nearest property line of the place of business, and in a direct line across intersections.	
NOTE: If located on or above the fifth story of a multistory building: measure in a direct line from the property line of the private/public school to property line of your place of business in a direct line across intersections vertically up the building at the property line to the base of the floor on which your business is located.	
16. Will your business be located within 1,000 feet of a private school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Will your business be located within 1,000 feet of a public school? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PACKAGE STORE ACQUISITIONS ONLY

18. Has the business being acquired been in operation in the same county for more than one year before the acquisition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes , provide permit number for existing package store: _____	
If No , this does not qualify as an acquisition, and will be considered a new location.	

ALL APPLICANTS

19. CHECK HERE IF NOT IN CITY LIMITS <input type="checkbox"/>	
I, the applicant, have confirmed the location is not located within city limits, therefore city certifications are not required.	

COMPLETE THE FOLLOWING CHECKLIST BEFORE SUBMITTING YOUR APPLICATION

Per Sec. 102.01, a tied house is defined as any overlapping ownership between those engaged in the alcoholic beverage industry at different levels of the three-tier system. No person having an interest in a permit issued by TABC may secure or hold, directly or indirectly, an ownership interest in a business on a different level.

All required forms have been completed. I have reviewed all forms to ensure they are complete. I have obtained all required local and state certifications (pages 3-4). All application packets have been notarized. Phone numbers and email address for Contact Person are up to date. All additional documentation as required by the application packets is attached If required, out of state criminal history checks are attached (PHS #7). Certification of publication in local newspaper has been completed (page 4). A copy of the newspaper publication is attached (page 4).	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> </div>
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WARNING AND SIGNATURE

If Applicant Is/Must Sign

Individual/Individual Owner	Corporation/Officer
Partnership/Partner	Limited Liability Company/ Officer or Manager
Limited Partnership/General Partner	

WARNING: Section 101.69 of the Texas Alcoholic Beverage Code states: "...a person who makes a false statement or false representation in an application for a permit or license or in a statement, report, or other instrument to be filed with the Commission and required to be sworn commits an offense punishable by imprisonment in the Texas Department of Criminal Justice for not less than 2 nor more than 10 years."

BY SIGNING YOU ARE SWEARING TO ALL INFORMATION AND ATTACHMENTS TO THIS PACKET.

PRINT NAME _____ SIGN HERE _____

TITLE _____

Before me, the undersigned authority, on this _____ day of _____, 20_____, the person whose name is signed to the foregoing application personally appeared and, duly sworn by me, states under oath that he or she has read the said application and that all the facts therein set forth are true and correct.

SIGN HERE _____

NOTARY PUBLIC

S E A L

CERTIFICATE OF CITY SECRETARY (FOR P, Q, BF & BQ)

Sections 11.37 & 61.37

I hereby certify on this _____ day of _____, 20_____, that the location for which the license/permit is sought is inside the boundaries of this city or town, in a "**wet**" area for such license/permit, and not prohibited by charter or ordinance in reference to the sale of such alcoholic beverages.

SIGN HERE _____, TEXAS
City Secretary/Clerk City

S E A L

CERTIFICATE OF COUNTY CLERK (FOR P, Q & BF)

Sections 11.37 & 61.37

I hereby certify on this _____ day of _____, 20_____, that the location for which the license/permit is sought is in a "**wet**" area for such license/permit, and is not prohibited by any valid order of the Commissioner's Court.

SIGN HERE _____ COUNTY
County Clerk

S E A L

CERTIFICATE OF COUNTY CLERK (FOR BQ)

Section 11.37

I hereby certify on this _____ day of _____, 20_____, that the location for which the license/permit is sought as the place of business is in a “wet” area and is not prohibited by any valid order of the Commissioner’s Court for a Wine and Beer Retailer’s Off-Premise Permit.

Most current election for given location was held for:

- ☐ legal sale of all alcoholic beverages for off-premise consumption
☐ legal sale of all alcoholic beverages
☐ legal sale of all alcoholic beverages except mixed beverages
☐ legal sale of all alcoholic beverages including mixed beverages
☐ legal sale of mixed beverages
☐ legal sale of mixed beverages in restaurants by food and beverage certificate holders
☐ legal sale of wine on the premises of a holder of a winery permit
☐ legal sale of beer/wine (17%) on-premise or beer/wine off-premise **AFTER** Sept. 1,1999
☐ legal sale of beer/wine (14%) on-premise or beer/wine off-premise **BEFORE** Sept. 1,1999

SIGN
HERE _____ **COUNTY**
County Clerk

S E A L**COMPTROLLER OF PUBLIC ACCOUNTS CERTIFICATE**

Sections 11.46(b) & 61.42(b)

This is to certify on this _____ day of _____, 20 _____, the applicant holds or has applied for and satisfies all legal requirements for the issuance of a Sales Tax Permit under the Limited Sales, Excise and Use Tax Act or the applicant as of this date is not required to hold a Sales Tax Permit.

Sales Tax Permit Number _____ **Outlet Number** _____

Print Name of Comptroller Employee _____

Print Title of Comptroller Employee _____

SIGN
HERE _____ **FIELD OFFICE** _____

S E A L**PUBLISHER’S AFFIDAVIT (FOR BQ, BF, P & Q)**

Sections 11.39 & 61.38

Name of newspaper		ATTACH PRINTED COPY OF THE NOTICE HERE Hover over to see example
City, County		
Dates notice published in daily/weekly newspaper (MM/DD/YYYY)		
<i>Publisher or designee certifies attached notice was published in newspaper stated on dates shown.</i>		
Signature of publisher or designee		
Sworn to and subscribed before me on this date		
Signature of Notary Public		
S E A L		